

**NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF RADIOLOGICAL HEALTH**

Instructions for Completing Form NRH-9

1. **Name and street address of applicant** - The individual, corporation, partnership, firm, agency, etc., that will be held responsible for all matters concerning this registration.
2. **Person to Contact Regarding this Application** - If this registration is for a corporation, partnership, firm, agency or group, submit name of person who will be in charge of Radiation Services.
3. **Type of Service to be performed** – Check all boxes for type(s) and subtype(s) that apply.
4. **Training:** Complete a box for each person providing services. Circle type of service(s) for each person. Please provide course outline or syllabus showing that the service personnel has the training required for boxes check. Refer to item 3 for training required for each type of service.
5. Provide procedures for x-ray shielding reviews if providing this service.
6. **Citizenship Attestation** Check the appropriate box and sign if signature is required. The application will not be processed without this being completed.
7. **Certification** Sign and date the application. No registration form will be processed without the proper signature and title of official authorized to act on behalf of the applicant.
7. **Fee:** Provide appropriate fee per 180 NAC 18-008.
<http://www.dhhs.ne.gov/puh/enh/rad/regs/regindex.htm>

Please mail Application for Registration of Services and the Fee, to:

Nebraska Department of Health and Human Services
Office of Radiological Health – X-ray Program
301 Centennial Mall South
P O Box 95026
Lincoln, NE 68509-5026.

Upon approval of the application a "Certificate of Registration for Radiation Generating Equipment." will be issued.